

Private Pilot Review

Dual Flight

Leading Edge Aviation

Version 2015

Student Name _____

Lesson Objective:

- Review Private Pilot Maneuvers to increase proficiency, or in readiness for Solo flight.

Preflight Discussion:

- Discuss any concerns from last flight
- Review of the maneuvers to be performed today

Review: Flight	Satisfactory	Needs Improvement	Notes
Preflight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Taxiing/Crosswind Corrections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runway Incursion Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Normal Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Short Field Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soft Field Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crosswind Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Traffic Pattern Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Checklist Usage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collision Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Slow Flight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steep Turn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power Off Stall	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power On Stall	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stalls While Turning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Descent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Climbs/Descents (IR)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turns to Headings (IR)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recovery from Unusual Attitudes (IR)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground Reference Maneuvers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Approach/Landing (simulated)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Normal Landing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Short Field Landing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soft Field Landing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crosswind Landing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Slip to Land	<input type="checkbox"/>	<input type="checkbox"/>	_____
Go Around	<input type="checkbox"/>	<input type="checkbox"/>	_____

Completion Standards:

- Improvement on maneuvers that will be performed on check ride
- Meets or exceeds solo standards (if applicable)
- Meets Jeppesen completion standards (if applicable)

Pre _____, Post _____, PIC _____, Dual _____, Inst. _____, XC _____, Solo _____, Night _____, Day Land _____, Night Land _____

Aircraft Tail # _____

I certify that the aforementioned training has been conducted and/or received in accordance with Leading Edge Aviation Standards and the current 141 approved Jeppesen Private Pilot Syllabus.

Instructor _____

Date _____

Student _____

Date _____